



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1331  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 133211		2. Exact name of the limited liability company JKM Enterprises, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LAUNDRY AND DRY CLEANING	
5. Principal office address 561 Main Street		City East Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John MacKrell		Contact Title Member	
Street Address P.O. Box 1114		City North Kingstown	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MATTHEW F. CALLAGHAN, JR.		Address	
Address 7395 POST ROAD		City NORTH KINGSTOWN	Zip 02852

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

RECEIVED  
CORPORATION DIV  
SECRETARY OF STATE  
SEP 15 AM 11:34



File Date	9/25/06	133211
Check No.	9674	
By:	<i>[Signature]</i>	
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*[Signature]*  
Signature of Authorized Person  
John J. MacKrell  
Date  
9-11-06  
Member  
Print or Type Name of Authorized Person



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 133211		2. Exact name of the limited liability company JKM Enterprises, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Laundry and dry cleaning	
5. Principal office address 561 Main Street		City East Greenwich	State RI
			Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John MacKrell		Contact Title Member	
Street Address P.O. Box 1114		City North Kingstown	State RI
			Zip 02852
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 3 3 2 1 1 \*

FILED

File Date

MAR 09 2005

Check No.

By: KMC M60019

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person  
John J. MacKrellDate  
3/4/05Print or Type Name of Authorized Person  
John J. MacKrell

Member